Within the Mory's mount, preceding pains
Tell the fair queen, that the dissolving chains,
Nature enclosed it in, were grown so weak
That the imprisoned infant soon would break
Those slender guards. The gravest ladies were
Called to assist her, whose industrious care
Lent nature all the helps of art, but in
Despair of safety sent their prayers to win
Relief from heaven, which swift assistance lent
To unload the burden;"

8. According to Osler the famous "Mainz Kalendar" was the first medical article to appear in print. Published in 1457, it suggested appropriate dates for bleeding and purging of patients and in consequence was of importance in medical history. The first printed book on Surgery was that of Saliceto in 1474.

HEALTH INSURANCE IN THE 18th CENTURY

One is so accustomed to associate ideas of insurance against costs of illness with our own time only that it is rather surprising (though perhaps it should not be) to find details of a plan for hospitalization insurance in Paris as early as the 18th century.* This plan was put forward by Claude Humbert Piarron de Chamousset in 1753—when Jenner was still a boy of nine; nearly a hundred years before ether was introduced; and well over a century before Lister's work on antisepsis. M. Chamousset's idea took no root and had no effect, but as a philanthropic effort it ranks high and it also has an interest to us in the very sensible thinking behind it.

M. Chamousset apparently had some training in medicine, but his life was spent chiefly in reforms in public welfare and on those he spent his considerable fortune, even turning his own home into a hospital for the indigent. It is true that, as will appear, his plan for hospital insurance did not come to anything, but his efforts to improve hospital conditions did have some influence in improving the terrible conditions of the Hotel Dieu of Paris, although it required the destruction of the hospital by fire before the improvements were made.

The hospitalization scheme was, in brief, based entirely on voluntary contributions, and these were arranged so as to be within the means of all classes, even the poorest. The scheme had been carefully studied and it was felt that it would be financially sound, and might even permit of lowering of the cost as time went on.

*Gertrude L. Annan. A Plan for Hospitalization Insurance devised by Piarron de Chamousset, 1754, *Bulletin of N.Y. Academy of Medicine*, 1944, **20**: 113.

Only those between 15 and 60 were eligible. The rates were as follows:

Years of age	*Members will pay by month*				
	Rooms with 30 beds	*Rooms with 12 beds*	*Rooms with 3 beds*	*Rooms with 1 bed*	*Apartments*
From 15 to 35...	25s.	30s.	40s.	3 1.	5 1.
From 35 to 40...	26	32	43	3 4s.	5 8s.
From 40 to 45...	27	34	46	3 8	5 16
From 45 to 50...	28	36	49	3 12	6 4
From 50 to 55...	29	38	52	3 16	6 12
From 55 to 60...	30	40	55	4	7

("s" = *sol*, a halfpenny; and "l" = *livre* or franc.)

Payment was to be monthly, unless a year's fee in advance was preferred. A card of membership was issued which entitled the owner to hospitalization when necessary. There were certain provisions "which prudence suggests and which fairness should make agreeable"; for example, there was to be an interval of a month between the first premium and the date of admission to hospital; lapse in payments would call for double the cost of the first month only, on renewal: cards would be annulled for non-payment. Incurable cases could not be cared for under the scheme "since one incurable patient would deprive several citizens of aid which they could successively receive." Those who developed such disease after being members for some time would be repaid all their premiums. Venereal disease was excluded from participation in benefits.

"Every disease, other than those above-mentioned, which is accompanied by fever or which necessitates an operation, will give the member so attacked the right of being transported to the hospital and of occupying a bed, a room or an apartment, according to the class in which he has been registered; and he will never under any pretext whatsoever, have to leave the hospital until he is completely cured, or declared incurable; nor can admittance to the hospital be refused to any members recovered from an illness who suffers a relapse, whether his relapses be lengthy or often, or whether or not they are his own fault."

In case of an epidemic when hospital accommodation was overtaxed members would be furnished with the same assistance at home, of medical attendance, of medicine and food.

Now why did this excellently conceived plan fail so completely? It was, of course, a good century before its time, but two factors probably contributed to its immediate failure. First, the lack of publicity, and second, its non-support by the medical profession. No such scheme could ever work without the co-operation of the majority of doctors, and M. Chamousset seems to have been very much alone in his ideas, although he does say in passing that the plan had been tried in some other large cities.

Perhaps an even greater weakness lay in his taking it for granted that the masses of the people, the poor, would naturally be interested in a method of improving their conditions and would contribute freely. He received criticism from his contemporaries who told him that

his opinion of the poor was too flattering, as well as his estimate of the medical profession, although they acknowledged his good intentions.

It is still a question whether all people yet fully realize that if medical attention is to be arranged for more methodically than at present it is necessary to take some trouble over both the arranging and paying for it.

Divisions of the Association

Manitoba Division

Dr. T. C. Routley addressed a crowded meeting of Manitoba physicians in the Medical College, Winnipeg, on May 16. Dr. D. C. Aikenhead, president of the Manitoba Division, C.M.A., was in the chair. Dr. Routley pointed out the necessity of studying the provisions of the proposed national Health Insurance bill, and of the medical profession being fully organized. At present 80% of Canadian practitioners were members of the Canadian Medical Association. Dr. W. E. Campbell inquired if under the provisions of the Health Insurance bill it would be obligatory for patients to go to a general practitioner before being allowed to consult a specialist. The practice in Manitoba, he said, had been that patients were free to consult specialists at first hand, and he hoped that would continue. Dr. Routley replied that each Province could modify the conditions of practice to suit the prevailing custom in that province.

Medical Societies

Prince Rupert Medical Society

The Prince Rupert Medical Society at its annual meeting elected the following officers: *President* — Dr. C. H. Hankinson; *Secretary-Treasurer*—Dr. W. S. Kergin; *Representative to Hospital Board*—Dr. R. G. Large; *Representative to Board of Directors of the British Columbia Medical Association* — Dr. L. W. Kergin.

La société de chirurgie de Montréal

27 avril, 1944.

OSTEOSYNTHESE PAR PLAQUES DE VITALLIUM. — Jean Tremblay.

Le rapporteur nous montre quelques aspects de la question et nous démontre les qualités de ce nouvel alliage devenu un allié en chirurgie osseuse: le vitallium. Ce métal est composé de chrome-cobalt-molybdene et est connu depuis 1932; il était utilisé par les dentistes. Il est employé en chirurgie osseuse depuis 1936 seulement.

Dans les cas de fractures fermées, si la réduction n'est pas satisfaisante dans les dix jours qui suivent, on fait une réduction sanglante, une immobilisation par plaques de vitallium; l'opération est pratiquée quinze jours à trois semaines après la fracture.

Cette intervention ne doit pas être un obstacle aux grands principes de chirurgie osseuse, *i.e.*, éviter l'infection (sulfanilamide dans la plaie); pas trop de délabrements; bonne réduction: enlever l'interposition musculaire, explorer le canal médullaire; bien appliquer les vis; immobilisation plâtrée.

Quant aux résultats qu'il a obtenus, l'auteur de cette communication n'a qu'à se féliciter de l'emploi de cette méthode; il n'y a pas eu d'infection ni d'ostéoporose autour des vis.

Le rapporteur conclut que la chirurgie future est la chirurgie traumatique et, par les découvertes que nous connaîtrons après cette guerre, il semble que l'avenir de cette chirurgie est illimité.

17 mai, 1944.

ENDOMÉTRIOSE.—L. Gérin-Lajoie.

Le docteur L. Gérin-Lajoie nous a dit que l'endométriose est l'envahissement par de l'épithélium endométrial normal du tissu immédiatement adjacent ou l'implantation par ce tissu épithélial endométrial normal sur les organes immédiatement avoisinants. C'est une affection essentiellement anatomo-pathologique et son extension est restreinte aux organes génitaux et à ceux qui sont situés à proximité.

Il existe 1° une endométriose utérine; 2° une endométriose extra-utérine.

La première se subdivise 1° en endométriose endométriale extra-utérine; 2° en endométriose pariétale utérine.

Après avoir étudié l'endométriose utérine, l'auteur a conclu qu'il y a deux variétés d'endométriose endométriale, la forme diffuse et la forme localisée. Cette différence est le résultat d'une sélectivité biologique cellulaire pour laquelle les méthodes actuelles de biochimie sur les tissus morts ne peuvent encore donner d'explication adéquate. Que l'agent causal de l'endométriose est un état anormal de la sécrétion ovarienne soit par un changement dans la chimie de la sécrétion, soit par hypersécrétion, soit par une diminution de la sécrétion.

Quant aux symptômes et au traitement de l'endométriose, ils seront étudiés à une prochaine séance.

Le docteur L. Gérin-Lajoie a également présenté un film sur l'hysterectomie vaginale (procédé de Campbell, film original de l'auteur de la méthode).

Le 25 mai 1944, la société de chirurgie de Montréal organisait un dîner au Cercle universitaire de Montréal, sous le présidence du docteur A. Bellerose.

Le conférencier invité, le docteur Jules Abadie, d'Oran, a intitulé sa causerie "Après vingt ans de chirurgie gastrique." Il fit des considérations personnelles sur la gastrectomie et sur la gastro-entérostomie. Par la suite, le docteur Abadie a fait dérouler un de ses films personnels représentant une opération de fibrome sans aide. Il insista surtout sur la manière de travailler avec peu d'instruments et peu de personnel.

Le conférencier fut présenté par le docteur A. Bellerose et remercié par le docteur P. Smith.

J.-ERNEST CABANA, M.D.,
Secrétaire annuel.